

**ADDENDUM D—Payment Status Indicators for the Hospital Outpatient
Prospective Payment System**

Indicator	Service	Status
A	Pulmonary Rehabilitation Clinical Trial	Not Paid Under Outpatient PPS
A	Durable Medical Equipment, Prosthetics and Orthotics	DMEPOS Fee Schedule
A	Physical, Occupational and Speech Therapy	Physician Fee Schedule
A	Ambulance	Ambulance Fee Schedule
A	EPO for ESRD Patients	National Rate
A	Clinical Diagnostic Laboratory Services	Laboratory Fee Schedule
A	Physician Services for ESRD Patients	Physician Fee Schedule
A	Screening Mammography	Lower of Charges or National Rate
C	Inpatient Procedures	Admit Patient; Bill as Inpatient
E	Non-Covered Items and Services	Not Paid Under Outpatient PPS
F	Acquisition of Corneal Tissue	Paid at Reasonable Cost
G	Drug/Biological Pass-Through	Additional Payment
H	Device Pass-Through	Additional Payment
K	Non Pass-Through Drug/Biological	Paid Under Outpatient PPS
N	Incidental Services, packaged into APC Rate	Packaged
P	Partial Hospitalization	Paid Per Diem APC
S	Significant Procedure, Not Discounted When Multiple	Paid Under Outpatient PPS
T	Significant Procedure, Multiple Procedure Reduction Applies	Paid Under Outpatient PPS
V	Visit to Clinic or Emergency Department	Paid Under Outpatient PPS
X	Ancillary Service	Paid Under Outpatient PPS